

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Shi hadeh for City Council

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Osama Shi hadeh

Political Party (if applicable)

N/A

Office Sought

City Councilperson at Large

District (if Senate or House)

FORM
DR-2
(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

IA ETHICS AND
CAMPAIGN DISCLOSURE BC
2007 OCT 29 PM 1:28

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

William R. Jus
SIGNATURE OF PERSON FILING REPORT

563-264-1906
TELEPHONE

10-29-2007
DATE SIGNED

I AM FILING A 10 day before general election REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

November 6, 2007

County & Local Committees, enter County in
which Election is held

Muscatine

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

0

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

2895⁰⁰

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

2895⁰⁰

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

343⁷³

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

2551²⁷

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Shihadeh for City Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-01-07	ID# CK#	Lynn & Sally Stiles 1215 E. Mississippi Dr. Muscatine IA 52761		\$ 100 ⁰⁰	<input type="checkbox"/>
10-01-07	ID# CK#	John Axel 208 W. 2nd St. #300 Muscatine IA 52761		100 ⁰⁰	<input type="checkbox"/>
10-01-07	ID# CK#	Gage & Mary Kent 3300 Tipton Rd Muscatine IA 52761		100 ⁰⁰	<input type="checkbox"/>
10-01-07	ID# CK#	Robert Leech 2015 Mulberry Av. Muscatine IA 52761		50 ⁰⁰	<input type="checkbox"/>
10-01-07	ID# CK#	James Hahn 900 W. 4th St. Muscatine, IA 52761		50 ⁰⁰	<input type="checkbox"/>
10-01-07	ID# CK#	Marvin Krieger 2101 Mulberry Av Muscatine IA 52761		50 ⁰⁰	<input type="checkbox"/>
10-02-07	ID# CK#	Robert & Ann Bahn 2805 Termini Dr. Muscatine IA 52761		50 ⁰⁰	<input type="checkbox"/>
10-02-07	ID# CK#	Barbara Woodstra 10 Colony Dr. Muscatine, IA 52761		50 ⁰⁰	<input type="checkbox"/>
10-02-07	ID# CK#	Edward Failor 2310 Imperial Oaks Dr. Muscatine IA 52761		50 ⁰⁰	<input type="checkbox"/>
10-03-07	ID# CK#	Tom & Marlene Hanifen 1226 Vista Ct. Muscatine IA 52761		25 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$ 625⁰⁰

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4
(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)Shihadeh for City Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-03-07	ID# CK#	W. F. Schaeferacker 20 Colony Drive Muscatine, IA 52761		\$ 25 ⁰⁰	<input type="checkbox"/>
10-08-07	ID# CK#	Mark & Janet Huddleston 601 W. 3rd St. Muscatine, IA 52761		100 ⁰⁰	<input type="checkbox"/>
10-08-07	ID# CK#	Gregs & Mottie Thomapulos 75 Shagbark Ct. Iowa City, IA 52246		100 ⁰⁰	<input type="checkbox"/>
10-08-07	ID# CK#	Ann Hart 2920 Mulberry Av Muscatine, IA 52761	Mother - in - Law	100 ⁰⁰	<input type="checkbox"/>
10-08-07	ID# CK#	Stanley & Helen Howe 1124 Oakland Dr. Muscatine, IA 52761		100 ⁰⁰	<input type="checkbox"/>
10-08-07	ID# CK#	Robert & Lan's Willis 116 Eagle Watch Rd. Muscatine, IA 52761		50 ⁰⁰	<input type="checkbox"/>
10-09-07	ID# CK#	William & Tjode Nus 1213 Glenwood LN Muscatine, IA 52761		50 ⁰⁰	<input type="checkbox"/>
10-09-07	ID# CK#	James & Grace King 2485 Mulberry Av Muscatine, IA 52761		25 ⁰⁰	<input type="checkbox"/>
10-09-07	ID# CK#	Gary & Betty Karkosh 2821 Highway 22 Muscatine, IA 52761		25 ⁰⁰	<input type="checkbox"/>
10-09-07	ID# CK#	Patrick & Sharon Mullin 2922 Mulberry Av Muscatine, IA 52761		30 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 605	
TOTAL (If last page of this schedule)				\$	

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Page 2 of 4
(for Schedule A)

For Instructions, See Back of Form

Receipt Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Shihadeh for City Council

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CAUTION: Section 68B.32A(5), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-10-07	ID# CK#	Jack & Christine Michaels 2458 Bayfield Rd Muscatine IA 52761		\$ 100 ⁰⁰	<input type="checkbox"/>
10-10-07	ID# CK#	Unitemized Contributions		20 ⁰⁰	<input type="checkbox"/>
10-12-07	ID# CK#	Robert Toborg 3450 Mulberry AV #9 Muscatine IA 52761		50 ⁰⁰	<input type="checkbox"/>
10-12-07	ID# CK#	Kyle & Cathy Reifert 1706 Pearlview Ct. Muscatine IA 52761		250 ⁰⁰	<input type="checkbox"/>
10-15-07	ID# CK#	Terry & Julie Main 2814 Mulberry AV Muscatine IA 52761		25 ⁰⁰	<input type="checkbox"/>
10-18-07	ID# CK#	James & Irene Kent 2507 Mulberry AV Muscatine IA 52761		500 ⁰⁰	<input type="checkbox"/>
10-19-07	ID# CK#	Jeffrey & Janet Boeyink 303 Woodcreek LN Muscatine IA 52761		200 ⁰⁰	<input type="checkbox"/>
10-19-07	ID# CK#	Gary & Sue Blight 11 Geneva Dr. Muscatine IA 52761		50 ⁰⁰	<input type="checkbox"/>
10-20-07	ID# CK#	Unitemized Contribution		20 ⁰⁰	<input type="checkbox"/>
10-22-07	ID# CK#	O. Richard Maeglin 315 Woodcreek LN Muscatine IA 52761		100 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$1315⁰⁰

TOTAL (If last page of this schedule)

\$

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Page 3 of 4
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)Shihadeh for City Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-22-07	ID# CK#	Douglas Jackman 2107 5th AV Muscatine IA 52761		\$ 100 ⁰⁰	<input type="checkbox"/>
10-22-07	ID# CK#	John & Barbara Hall 2606 N. Concord St. Davenport IA 52761		100 ⁰⁰	<input type="checkbox"/>
10-25-07	ID# CK#	Roger Lande 515 W. 2nd St Muscatine IA 52761		100 ⁰⁰	<input type="checkbox"/>
10-25-07	ID# CK#	Robert & Gail Lande 412 Woodcrest LN Muscatine IA 52761		50 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 350 ⁰⁰	
TOTAL (if last page of this schedule)				\$ 2895 ⁰⁰	

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Page 4 of 4
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Shihaden for City Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-24-07	ID# CK# 1001	OP Printing 2610 Park Avenue Muscatine IA 52761	Door Hanging Brochures	\$ 34373
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 34373
TOTAL (If last page of this schedule)				\$ 34373

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)